

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/936737**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
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50						
TOTAL IND.			1			
TOTAL DEP.				24		
TOTAL CLAIMS				25		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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